MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07362

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: manokins
LENGTH OF STAY (in this place): 70
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manokin
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Wesley Ballard
4. DATE OF DEATH (Month) (Day) (Year): July 30 1951
5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: apr 2-1881
9. AGE last birthday: 70 yrs. If under 1 year: Months 2 Days 28 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Seafood work
11. BIRTHPLACE (State or foreign country): Manokins Somerset co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: George E. Ballard
14. MOTHER'S MAIDEN NAME: Charlotte Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 219-03-5761
17. INFORMANT AND ADDRESS: Mary Ballard Manokin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 6 mths

002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15th, 1951, to July 30, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 5. 00 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldon G. Marksman
ADDRESS: Princess Anne Md.
DATE SIGNED: 7. 31. 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 5-1951
NAME OF CEMETERY OR CREMATORY: Samuel Wesley
LOCATION (City, town, or county) (State): Manokin Somerset co Md

DATE REC'D BY LOCAL REG.: 8/1/51
REGISTRAR'S SIGNATURE: R. S. Johnson, M.D. gl.
24. FUNERAL DIRECTOR ADDRESS: Charles H Ward Marion sta Md.

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07363

CERTIFICATE OF DEATH

Reg. Dist. No. 76 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md — LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Bishop
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 57

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed — 8. DATE OF BIRTH: Feb 1862 — 9. AGE last birthday: 89 yrs. — If under 1 year: Months — If under 1 day: Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Pittsburgh Penna — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS: Wallace Bishop Pr. Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident — ?

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — years

89a (c) Essential Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3, 1957, to 5/20, 1957, that I last saw the deceased alive on 5/20, 1957, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Robert Callcott, M.D. Princess Anne, Md. 7/2/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 3 1957 — NAME OF CEMETERY OR CREMATORY Pocomoke Cemetery — LOCATION (City, town, or county) Princess Anne Md (State)

DATE REC'D BY LOCAL REG. 7/3/57 — REGISTRAR'S SIGNATURE K. N. Johnson, M.D. — 24. FUNERAL DIRECTOR — ADDRESS Wade Dashiell Pr Anne Md

gd.

RECEIVED
JUL 5 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07364

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Wilmore (Middle) — (Last) Boggs
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 9, 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Mary Salisbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT Mary S. Boggs (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md. DATE SIGNED July 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 15-1951
NAME OF CEMETERY OR CREMATORY Upper Hill
LOCATION (City, town, or county) Upper Hill Somerset (State) Md

DATE REC'D BY LOCAL REG. 7/13/51
REGISTRAR'S SIGNATURE R. F. Johnson, M.D. Gd.
24. FUNERAL DIRECTOR Charles Howard ADDRESS Marion Somerset Co Md.

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 16 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston
STREET ADDRESS (If rural, give location) Kingston, Maryland.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Boyd.
4. DATE OF DEATH (Month) July (Day) 1 (Year) 1951.
5. SEX M.
6. COLOR OR RACE Col.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Mar. 20, 1894
9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) R.O. North Caroline
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Dave Boyd
14. MOTHER'S MAIDEN NAME Isabelle Mae (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give wars or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Othelia Boyd - Kingston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Traumatic Nephritis: Uremia

910.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobourg. Crushed Kidney April 17, 51

195.e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Int. Nephritis Chronic Myocarditis

19a. DATE OF OPERATION Nm.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Struck who was for falling tree
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Near Kingston (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Cutting timber limb fell striking him on back

22. I hereby certify that I attended the deceased from April 17, 1951, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulbourn M.D. ADDRESS Marion St. Md. DATE SIGNED July 3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 3, 1951
NAME OF CEMETERY OR CREMATORY Waters Chapel
LOCATION (City, town, or county) Kingston - Somerset Co. (State) Md.
DATE REC'D BY LOCAL REG. 7/3/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H. Ward - Marion Station Md. ADDRESS

690307

RECEIVED
JUL 9 1951
BUREAU V

07366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden — LENGTH OF STAY (in this place) 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) E.	(Last) Campbell	4. DATE OF DEATH	(Month) July	(Day) 12	(Year) 51
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 4, 1882	9. AGE last birthday 68 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber & Carpenter	10b. KIND OF BUSINESS OR INDUSTRY lober	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Harry Campbell	14. MOTHER'S MAIDEN NAME Sally Ann						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT AND ADDRESS Mrs John E. Campbell Eden, Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Valv. Heart -	2 yrs
446X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Inf. Nephritis	3 yrs
131a	(c) Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. Phillip Daisy	M.D.	30 Park Ave Rehoboth Md	7/16/51

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 7-15-1951	NAME OF CEMETERY OR CREMATORY Allen Cemetery	LOCATION (City, town, or county) (State) Allen, Maryland
DATE REC'D BY LOCAL REG. 7/17/51	REGISTRAR'S SIGNATURE R. H. Johnson, M.D.	24. FUNERAL DIRECTOR Lewis R. Wilson	ADDRESS Princess Anne, Maryland

574246

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 Tyler St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 212 Tyler St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FRANK (Last) COULBOURNE

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1951

5. SEX: male

6. COLOR OR RACE: [redacted] Cl.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 25, 1912

9. AGE last birthday: 39 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood laborer

10b. KIND OF BUSINESS OR INDUSTRY: Oyster Industry

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Coulbourne

14. MOTHER'S MAIDEN NAME: Ethel Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Evangeline Coulbourne- 212 Tyler St. Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Heart ailment he was

(c) found Dead in Bed

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural Cause

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
SOMERSET COUNTY, MD.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from July 16, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H Coulbourn M D Crisfield Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF July 20, 1951

NAME OF CEMETERY OR CREMATORY Branch Cemetery

LOCATION (City, town, or county) (State) Marion R.F.D., Maryland

DATE REC'D BY LOCAL REG. 7/20/51

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield

RECEIVED
JUL 23 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne — LENGTH OF STAY (in this place): Life Guard
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Jones (Last)

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-2-1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Somerset County Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL JONES
14. MOTHER'S MAIDEN NAME: HETTIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Percy Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	3 years
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Interstital Nephritis	6 months
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1948, to July 13th, 1951, that I last saw the deceased alive on July 11th, 1951, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE: Eldon G. Marksman (Degree or title) — ADDRESS: Princ Anne Md. — DATE SIGNED: 7.16.51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7-17-51
NAME OF CEMETERY OR CREMATORY: Mt Hope
LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG.: 7/17/51
REGISTRAR'S SIGNATURE: R.S. Johnson M.D. gd.
24. FUNERAL DIRECTOR: Wilbur H. James Jr. — ADDRESS: Princess Anne Md.

RECEIVED
JUL 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, R.F.D. — LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph.	T.	Leath	July	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	April 19, 31	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Cannery	Georgia.	U.S.A

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	?	Draft Registration Card

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shot-Gun Wound of Chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D.
County Medical Examiner
for Somerset County

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Labor Camp	Princess Anne	Somerset	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July 1, 1951 2p.m.		Homicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford	M.D.	Princess Anne Md.	July 6, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	7-7-51	Mt. Carmel	Princess Anne	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/6/51	R. H. Johnson, M.D.	William H. James Jr.	Princess Anne Md.

gl

4.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion, Station — LENGTH OF STAY (in this place): Life-Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion, Station
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Moses (Last) Lloyd
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2, 1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & sea [illegible] work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Moses Lloyd
14. MOTHER'S MAIDEN NAME: Annie Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-16-5780 A
17. INFORMANT AND ADDRESS: Mrs. Rosa Lloyd Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dil of Heart Uremia — 1 month

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 1 year

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Int nephritis Chronic [illegible] — years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to July 23, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 7 30 A.M. m., from the causes and on the date stated above.

SIGNATURE: Guy C Cullum M D (Degree or title) — ADDRESS: Marion Md — DATE SIGNED: July 23, 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 26 1951 — NAME OF CEMETERY OR CREMATORY: Mount Perie — LOCATION (City, town, or county) (State): Marion Md

DATE REC'D BY LOCAL REG.: July 24, 1951 — REGISTRAR'S SIGNATURE: Betty Massey — 24. FUNERAL DIRECTOR: [illegible] Marion Md — ADDRESS:

RECEIVED
AUG 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

JUL 1 0 1951

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover rural I — LENGTH OF STAY (in this place) 76 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover rural I
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Frances (Last) Long	4. DATE OF DEATH (Month) July (Day) 10, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Female	white	widowed	Aug. 16, 1874	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Bozman	Frances Somers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	no	Mr Millard T. Long Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 7/5/51 to 7/10/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterial sclerosis

450.0 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy (Petit Mal) — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 1-10, 1950, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 10 30 A.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. B. Wheeler MD — Princess Anne, Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-12-1951	Family Cemetery	Near Princess Anne, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/12/51	R. H. Johnson, M.D. gd	Lewis B. Watson	Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 16 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07372

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location) Marion

3. NAME OF DECEASED (Type or Print) (First) Luther (Middle) Thomas (Last) Miles Jr.
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 8 1868
9. AGE last birthday 83 yrs. If under 1 year Months 6 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant & Broker
10b. KIND OF BUSINESS OR INDUSTRY Retired Merchant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Luther Thomas Miles Jr.
14. MOTHER'S MAIDEN NAME Anna Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Luther T. Miles Jr. II

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Acute Del of Heart — INTERVAL BETWEEN ONSET AND DEATH 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int. Nephritis Chronic Nephritis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterio Sclerosis

19a. DATE OF OPERATION NM
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1951, to July 12, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE George C. Gullman (Degree or title) MD ADDRESS Marion Sta. Md DATE SIGNED 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14 1951
NAME OF CEMETERY OR CREMATORY St. Paul
LOCATION (City, town, or county) Somerset (State) Md.

DATE REC'D BY LOCAL REG. 7/14/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward L. Covington ADDRESS Crisfield, Md.

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (In this place) ALL Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) (Last) MILES

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 4 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Maddox

14. MOTHER'S MAIDEN NAME: Clara Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT: Belle Connoway (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart Disease — Interval between onset and death: ✓

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 434.3
(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md. DATE SIGNED July 19 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 22-51 | NAME OF CEMETERY OR CREMATORY Westover | LOCATION (City, town, or county) (State) Westover Somerset Co Md

DATE REC'D BY LOCAL REG. 7/20/51 | REGISTRAR'S SIGNATURE T. H. Johnson M.D. | 24. FUNERAL DIRECTOR Charles Howard Marion | ADDRESS Md.

RECEIVED
JUL 23 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07374

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND; CITY OR TOWN Princess Anne; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 W. Hampden

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset; CITY OR TOWN Princess Anne; STREET ADDRESS 113 W. Hampden ave

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) F. (Last) Fisher

4. DATE OF DEATH: (Month) (Day) 5 (Year) 51

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 5 1870

9. AGE last birthday: 81 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Washington Fisher

14. MOTHER'S MAIDEN NAME: Martha Amanda Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: W. Elmo Fisher (Nephew) 113 W. Hampden, Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval Between Onset and Death: 6/29/51

450.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterial sclerosis — 7/4/51 unknown

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Un. united fracture femur (neck) left — 3 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) May (Day) 22 (Year) 49 (Hour) 145 E. m.

INJURY OCCURRED: While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Slipped and fell and fell in floor

22. I hereby certify that I attended the deceased from 7/1, 19 47, to 7/4, 1951, that I last saw the deceased alive on 6/29, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE: Rev. B. W. Lewis (Degree or title) ADDRESS: Princess Anne DATE SIGNED: 7/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 7-8-51; NAME OF CEMETERY OR CREMATORY: Princess Anne; LOCATION (City, town, or county): Princess Anne (State): Md.

DATE REC'D BY LOCAL REG.: 7/6/51

REGISTRAR'S SIGNATURE: R. D. Johnson, M.D.

24. FUNERAL DIRECTOR: H. H. Wright & Son, P.A. ADDRESS: Md.

82 Died in Hospital

RECEIVED
JUL 9 1991
BUREAU V...

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply [illegible] item [illegible] of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; MARYLAND; LENGTH OF STAY (In this place) Temporary; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. - Mt. Vernon Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth; (Middle) Buchanon; (Last) Platt

4. DATE OF DEATH: (Month) July; (Day) 18; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 6 1928

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip G. Platt

14. MOTHER'S MAIDEN NAME: Mary M. MacVeigh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Family of deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken Neck + Internal Injuries — Interval Between Onset and Death:

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170.2 (c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway; (CITY OR TOWN) Near Princess Anne; (COUNTY) Somerset; (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1951, 1:30 A.M.; INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford (Degree or title) M.D. ADDRESS: Princess Anne Md. DATE SIGNED: July 18 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7/21/51; NAME OF CEMETERY OR CREMATORY: [illegible]; LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG. 7/18/51; REGISTRAR'S SIGNATURE: R. S. Johnson, M.D.

24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

RECEIVED
JUL 20 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manokin — LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: -R-

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manokin
STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) W. (Last) Richardson
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 25, 1891
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Richardson
14. MOTHER'S MAIDEN NAME: Rosie Haney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Johnnie Richardson (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shot-gun wound of chest.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

M6X
164C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): At home — (CITY OR TOWN): Manokin — (COUNTY): Somerset — (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): July 28, 1951 11 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Suicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford (Degree or title) M.D. — ADDRESS: Princess Anne, Maryland — DATE SIGNED: July 30, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 31, 1951 — NAME OF CEMETERY OR CREMATORY: Nion Cemetery — LOCATION (City, town, or county) (State): near Fruitland, Md.

DATE REC'D BY LOCAL REG.: 7/30/51 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jd. — 24. FUNERAL DIRECTOR: [illegible] R. [illegible] — ADDRESS: Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY: Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): 125 South 4th Street

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) -- (Last) Rowe
4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 4, 1902
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hauling
10b. KIND OF BUSINESS OR INDUSTRY: Retail Coal
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Rowe
14. MOTHER'S MAIDEN NAME: Harriet Scriber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-6535
17. INFORMANT AND ADDRESS: Ethel Waters, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 wks.

542K 1316 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1951, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 4:55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. S. Rowley M.D. ADDRESS: Crisfield Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 11, 1951
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 7/11/51
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield ADDRESS:

RECEIVED
JUL 16 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07378

CERTIFICATE OF DEATH

Reg. Dist. No. 26-1

1. PLACE OF DEATH: COUNTY ~~MARION, MD~~ SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARION
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARION MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) (Last) SCARBOROUGH
4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 4-27-1872
9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE-WORK
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): SOMERSET CO.
12. CITIZEN OF WHAT COUNTRY? MARION

13. FATHER'S NAME: CHARLES TULL
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 219-14-2725
17. INFORMANT AND ADDRESS: Ethel Whittington - marion, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma lung

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

INTERVAL BETWEEN ONSET AND DEATH: (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1951, to July 5, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. G. Bailey M.D. Crisfield Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-8-51
NAME OF CEMETERY OR CREMATORY: Family Cemetery
LOCATION (City, town, or county) (State): Marion Md.

DATE REC'D BY LOCAL REG. 7-6-51
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR ADDRESS: Geo. W. Tilghman - marion, md.

RECEIVED
JUL 9 1931
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07374

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 2nd Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Elwood (Last) Tawes

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: March 24, 1906 — 9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker — 10b. KIND OF BUSINESS OR INDUSTRY: Bakery — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Tawes — 14. MOTHER'S MAIDEN NAME: Ella Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Rona Louise Tawes, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 hr.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 5, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Sarah M. Payton — M. D. — Crisfield Md — July 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 8, 1951 — NAME OF CEMETERY OR CREMATORY: Rumby Ridge — LOCATION (City, town, or county) (State): Crisfield Md Maryland

DATE REC'D BY LOCAL REG. 7/7/51 — REGISTRAR'S SIGNATURE: Betty Tyler

24. FUNERAL DIRECTOR — ADDRESS: Howard D. Covington, Crisfield, Md

500269

RECEIVED
JUL 11 1951
JUNEAU, ALASKA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07380

Reg. Dist. No. 2-6-5

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BETTIE (Middle) GALE (Last) TULL

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1951

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 1922

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Marumsco, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gale

14. MOTHER'S MAIDEN NAME: Florence Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-16-5144

17. INFORMANT AND ADDRESS: Albert Tull--Shelltown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

9298 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental Drowned

183 (c)

William H. Coulbourne
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Marumsco Creek (CITY OR TOWN) (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) July (Day) 23 (Year) 51 (Hour) 7:30 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? was Bathing

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Wm H Coulbourne (Degree or title) ADDRESS Crisfield Md DATE SIGNED Aug 25 51

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF Aug. 24, 1951

NAME OF CEMETERY OR CREMATORY Marumsco Cemetery

LOCATION (City, town, or county) Marumsco, Md. (State)

DATE REC'D BY LOCAL REG. 8-24-51

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A5

RECEIVED
AUG 27 1951
BUREAU V. S.